



Catholic Social Services maintains adoption records from past adoptions facilitated within the Columbus diocese. In order to obtain from or provide information for our files, you must complete the appropriate notarized paperwork and provide us with a copy of two forms of identification, one of which must be your current birth certificate. If applicable, you must also provide documents linking your present name to your name at the time of birth.

If you are interested in obtaining information from our post-adoptive files, you must complete the enclosed request and sign it before a notary. Please note that we are only able to provide you with non-identifying information unless the other party you are inquiring about has given us his/her consent for identifying information to be released, or if we have received information via the probate court pertaining to their consent through the Ohio Adoption Registry. You will receive a written response to your request for information. Because we receive so many requests concerning information from closed adoption records, please give us at least one month to find the information you have requested. As there is much time spent in searching for the connecting files, reading through closed adoption records, and writing summaries for those seeking information, we must charge a fee for these services. Catholic Social Services charges \$80.00/hour, with most cases taking 1-2 hours to complete. We require that a non-refundable payment of \$80.00 be submitted to us at the time you submit your request. Any additional fees will be billed upon completion. Please make checks payable to "Catholic Social Services".

If you are interested in making identifying information about yourself available to other members of the adoption triad, please sign the enclosed release of information form before a Notary Public, and return it to us with this completed form. Please be sure to specify information which you would like to have shared, should other parties contact the agency. If you desire, you may include additional information in separate letter format. There is no fee for submitting updated information or a release of information form.

Although we understand that some adoption triad members may use a third party to help them in the search process, please understand that due to confidentiality restrictions, we may only provide information relating to a past or present client directly to that client. Exceptions will only be made with a signed and notarized consent for release of information.

All information should be mailed to Catholic Social Services at 197 E. Gay St. Columbus, OH 43215 attention Meredith Adams, LISW-S. Should you have any questions about this process please contact us at (614)221-5891.

**Catholic Social Services
Closed Adoption File Information Form**

Please provide us with the following information:

Your current name: _____

Address: _____

Home telephone number: _____

Work telephone number: _____

Please identify yourself by circling the appropriate category. I am:

Birth Parent Adoptee Adoptive Parent

Birth Sibling Other: _____

I am specifically requesting the following information:

- Non-Identifying Medical History
- Non-Identifying Social History
- Non-Identifying anecdotal information from case notes
- Identifying Information (if appropriate consent has been provided)
- Church Records (will be forwarded to Chancery)
- Other _____

I wish to submit information for my file. (No fee if requesting this service only)

Please note if there is information that you would specifically NOT be open to receiving:

ANSWER THE FOLLOWING QUESTIONS AS THEY APPLY TO YOU:

BIRTH PARENTS

What was your name at the time of the child's birth?

What is the child's (adoptee's) date of birth? _____

Please provide us with your own date of birth and social security number:

Please provide us with any information you may have about your birth child:

ADOPTTEES

What is the name given to you by your adoptive parents? _____

What are the names of your adoptive parents? _____

What is your date of birth? _____

When did your adoption finalize? _____

Please provide us with any additional information you may know about your birth parent(s):

ADOPTIVE PARENTS

What are your names? _____

What is the name you gave your child? _____

What is the adoptee's date of birth? _____

When did your child's adoption finalize? _____

Please provide us with any additional information you may have about your child's birth parent(s): _____

BIRTH SIBLINGS (both identifying and non-identifying information can only be provided to birth siblings with a signed release from the other party in the file)

What was the name given to your birth sibling by your mother? _____

What is your birth sibling's date of birth? _____

What was your mother's name at the time of your sibling's birth? _____

Please provide us with any additional information you may have about your birth sibling's adoption: _____

EVERYONE: You must include a copy of two forms of identification, one of which must be your current birth certificate, along with a signed and notarized copy of this form. If applicable, materials that connect your present name to your previous name are also required.

My signing this form, I hereby certify that I am the above named individual. I am requesting information pertaining to my own case file, or information a client has consented to have released to me.

Signature

Date

NOTARY STATEMENT

_____ appeared personally before me on this ____ day of _____, 20____.

This instrument was subscribed and sworn to in my presence this date, to which witness my hand and seal of office.

Notary Public

Catholic Social Services
Non-Identifying Information Update for Closed Adoption Records

Name (at time of Service): _____
Relationship to adoptee: _____
Date of Adoption: _____

Date Updated Information Provided: _____

You must include a copy of your current birth certificate along with a signed and notarized copy of this form. If applicable, materials that connect your present name to your previous name are also required.

Updated Medical and Mental Health History:

Updated Family and Relationship History (births, deaths, marriage, divorce, etc):

Updated Social History (educational background, field of employment, religion, talents and hobbies, etc):

Physical Characteristics and Biological/Genetic Information:

Additional Information that may not have been included in file at time of adoption (circumstances surrounding adoption, etc):

My signing this form, I hereby certify that I am the above named individual. The information I am providing is true to the best of my knowledge, and I consent to having this information released to members of the adoption triad upon request.

Signature

Date

NOTARY STATEMENT

_____ appeared personally before me on this ____ day of _____, 20____. This instrument was subscribed and sworn to in my presence this date, to which witness my hand and seal of office.

Notary Public

**CATHOLIC SOCIAL SERVICES
CONSENT FOR RELEASE OF IDENTIFYING INFORMATION**

If you would like to make identifying information about yourself available to other members of the adoption triad, please complete the appropriate section below and sign before a Notary Public. Please return this form with your Adoption Information Questionnaire.

BIRTH PARENTS

I, _____, do hereby authorize Catholic Social Services to release identifying information about myself to my birth child should she/he request such information from your agency. The specific identifying information I want you to release is: _____

Signature

ADOPTTEES

I, _____, do hereby authorize Catholic Social Services to release identifying information about myself to my birth parent(s) should they request such information from your agency. The specific identifying information I want you to release is: _____

Signature

ADOPTIVE PARENTS

I, _____, do hereby authorize Catholic Social Services to release identifying information about myself to my adopted child's birth parent(s) should they request such information from your agency. The specific identifying information I want you to release is: _____

Signature

BIRTH SIBLINGS

I, _____, do hereby authorize Catholic Social Services to release identifying information about myself to my birth sibling should she/he request such information from your agency. The specific identifying information I want you to release is: _____

Signature

OTHER

I, _____, do hereby authorize Catholic Social Services to release identifying information about myself to _____, should she/he request such information from your agency. The specific identifying information I want you to release is: _____

Signature

NOTARY STATEMENT

_____ appeared personally before me on this ____ day of _____, 20____. This instrument was subscribed and sworn to in my presence this date, to which witness my hand and seal of office.

Notary Public

